FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY	PAGE ETHICS A	Reselvani	FORM DR-2 DISCLOSURE		
COMMITTEE NAME (Must be same as on Statement of Org	anization)	ISHKE ME	(Rev. 12/2005) REPORT		
CITIZENS FOR HOLM	2010 JAN 13 AM	1 9: 23	For Office Use Only Comm. # 336		
IMPORTANT: Indicate by # type of committee you are reporting (1) Statewide/Legislative/Judge Standing for Retention Candid (4) County Central Committee (5) County Candidate (6) City Political Subdivision Candidate (8) County PAC (9) City PAC Subdivision PAC (11) Local Ballot Issue CANDIDATE COMMITTEES ONLY:	late(2)State PAC(3)S Candidate(7)School Bo	pard or Other	Scanned Computer Audited		
Candidate Name RODGER E.J. HOLM	applicable)	File with: lowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, lowa 50319 Fax: 515-281-3701			
Office Sought MAYOR, CITY OF CLINTON	e or House)				
I AM FILING A January 19, 2010 (report date) CHECK IF AMENDMENT TO REPORT DATED		مصرا	ELECTION YEAR. Committees, enter Date of Election Fulmbur 6, 2007		
Check if this is final (termination) report and attach Notice o (You must continue to file reports until a DR-3 is filed		County	y & Local Committees, enter County in Election is held		
STATE	MENT OF CASH ON	N HAND			
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the confidence of the last reporting period or must be zero if this is	ash on hand at the end		s 652.98		
ADD TOTAL MONEY TAKEN IN THIS PERIOD					
Schedule A: Cash Contributions total (Attach Sched	ule A) (*also see in-kind	below)			
Schedule F: Loans Received total (Attach Schedule					
Schedule H: Total Sales of Campaign Property (Attac					
(Schedule H applies to Candidates' Co	mmittees Only)				
	SUB-	TOTAL	\$ 652.98		
SUBTRACT TOTAL MONEY SPENT THIS PERIOD					
Schedule B: Expenditures total (Attach Schedule B)	(**also see debts and lo	ans below)	-0-		

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

CASH ON HAND at the end of this reporting period (if final report balance must

CONSULTANT BREAKDOWN (Schedule G Attached?)

\$ _ - 0 -

YES X_NO

1.800.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

Schedule F: Loan Repayments total (Attach Schedule F).....

be zero) (Attach DR-3).....\$

**UNPAID BILLS (From Schedule D - Attach Schedule D)\$

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$

	"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.		TOTAL (PART I)			RECEIVED (Include Endorser's Name, if Applicable) TO (MM/DD/YR) (If	MONETARY LOANS RECEIVED THIS REPORTING P (Original source of loan, such as a bank, must be show involved. Include loans from candidate's personal fund.	NOTE: This schedule reports money loaned to the committee which is deposited in the committee account. TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ / Poo, oo	COMMITTEE NAME(Must be same as on Statement of Organization) Citizena for Kalm
	ship of any relative to the third degree of se Page 2 of forms is no familial splies.		S		မ	RELATIONSHIP AMOUNT TO CANDIDATE OF LOAN (If Applicable*)	ird party is	is deposited in the committee	3
		Fror TOTAL OUTS	1			DATE PAID (MM/DD/YR)	PART II - MONE	account.	
İ	Page	From Schedule F TOTAL LOANS FORGIVEN UTSTANDING LOANS END OF REPORT PERIOD	TOTAL CASH REPAYMENTS (PART II)			NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E In-kind Contributions.)		
(for Schedule F)	of /	10D \$	T II) \$			RELATIONSHIP TO CANDIDATE* (If Applicable)	REPORTING PER	☐ CHECK THIS BOX AMENDING FORM	(Rev. 02/96)
		800.00	-0-		G	P AMOUNT E* REPAID	RIOD ions.)	CHECK THIS BOX IF AMENDING FORM	LOANS RECEIVED & REPAID